

# Sample Verification Selection Worksheet

For **each household/student** selected, this worksheet **must** be completed and kept on file for audit purposes. Verification must be completed no later than **November 15** of each year.

Student/household application selected: \_\_\_\_\_ Date selected: \_\_\_\_\_

Names of all district students in household: \_\_\_\_\_

Prior to the household (HH) notification, someone other than the initial determining official must conduct a **confirmation review**. All selected applications for verification must have a confirmation review done **before** the household is notified to ensure that the original determination was made correctly. This must be documented. List the name of the person conducting the confirmation review and the date it was completed.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Selection Method:** ☐ Standard Sample Size ☐ Alternate One

Response due: \_\_\_\_\_ Date second notice sent: \_\_\_\_\_

**Note:** You must contact the HH at least once if they have failed to respond

Date reduction/termination notice sent: \_\_\_\_\_ Date cafeteria notified of change: \_\_\_\_\_

## SNAP/TFA Household

### Confirmed

- ☐ SNAP/TFA Office
- ☐ Notice of Eligibility
- ☐ Other:

### Not Confirmed

- ☐ Eligibility not confirmed

## Income Household

Income: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_

HH submitted:

- ☐ Wage Stubs
- ☐ Written Documents

☐ Collateral Contacts

- ☐ Agency Records
- ☐ Other:

## Verification Results

☐ No change and remained (check one): ☐ Free ☐ Reduced Date cafeteria notified of change: \_\_\_\_\_

Change occurred: ☐ Reduced to free ☐ Reduced to denied ☐ Free to reduced ☐ Free to denied

Reason for change: ☐ High income ☐ No response ☐ SNAP/TFA eligibility not confirmed

☐ Foster child eligibility not confirmed

☐ Other: \_\_\_\_\_

Date eligibility change in effect: \_\_\_\_\_

Date verifying official

confirmed change in eligibility: \_\_\_\_\_

\_\_\_\_\_  
Signature of verifying official

\_\_\_\_\_  
Date

*This institution is an equal opportunity provider.*

For more information, visit the Connecticut State Department of Education's (CSDE) [Verification Procedures for School Nutrition Programs](#) webpage or contact the [school nutrition programs staff](#) in the CSDE Bureau of Health/Nutrition, Family Services and Adult Education, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103. This form is available at [https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/Verification/Sample\\_Verification\\_Selection\\_Worksheet.pdf](https://portal.ct.gov/-/media/SDE/Nutrition/NSLP/Forms/Verification/Sample_Verification_Selection_Worksheet.pdf).